Statewide Technical Assistance for STRTP Programs in California

Peer to Peer Leadership Webinar Series

July 11, 2019

Integrated Core Practice Model: Implications for STRTP Providers

With the support of…

- *Continuum of Care Reform Branch, California Department of Social Services*

- *California Alliance for Child and Family Services*

- *Child and Family Policy Institute of California*

Mission

Statewide Technical Assistance will help support and ensure that all STRTP providers in California have access to and implement consistently, the core organizational and leadership practices in support of all Foster Youth.

Content Source and Inspiration

- ➤ *Residentially Based Services (RBS) Implementation and Learning Lessons*

- ➤ *Continuum of Care Reform Principles*

- ➤ *System of Care Research/Wraparound Outcomes*

- ➤ *National Research on Best Practices in Congregate and Residential Care for Youth*

10 Organizational Competencies

1. Agency Mission, Vision and Values in support of Short Term, Therapeutic, Community Based Care
2. *Integrated Core Practice Model Implementation and Practice*
3. Agency-Provider Partnership
4. Intake/Assessment and Referral Processing
5. Authentic Trauma Informed Service Delivery
6. Family Engagement in Planning and Service
7. Involvement of Biological Family in Care
8. Focus on Skills Building Toward Post Care/Transition
9. Focused Transitional Care Services
10. Individualized, Evidenced Based Therapies

Most Important Takeaways--

- Key tools developed to support counties and service providers under CCR reforms, provide useful supports and context for anyone serving youth and family. (Universality)

- Effective Healing of Youth, Family and Community invite Trauma-Informed behaviors at all levels and in all interactions.

- The State's ICPM provides useful guidance for providers in pursuit of effective service delivery, and use of the ICPM with your staff will support good outcomes.

- Two ICPM Domains are "Mission Critical" to good care. (A Deeper Dive)

What is the ICPM?

- Defines research based expectations for social workers, juvenile probation officers, county mental health staff and partners:

  - Shared values and principles

  - Core components of healing teams

  - Staff practice & leadership behaviors

  - Support genuine relational healing from trauma

- ACIN I-21-18 (May 18, 2018)

The California Integrated Core
Practice Model for Children,
Youth, And Families

Integrated Core Practice Model

Supports a cross-system, cross-agency team environment that more effectively and efficiently addresses concurrent and complex needs. A framework that sets the Child and Family Team as the primary vehicle for healing processes (ACL 16-84 and ACL 18-23)

"Provides a "common strategic and practical framework that integrates service planning, delivery, coordination and management among all those involved in *working with children in multiple service systems*."

Family Voice and Choice
Natural Supports
Collaboration
Teaming
Community Based
Culturally Competent
Individualized
Strength Based
Persistence
Outcomes Based

10 Core Principles
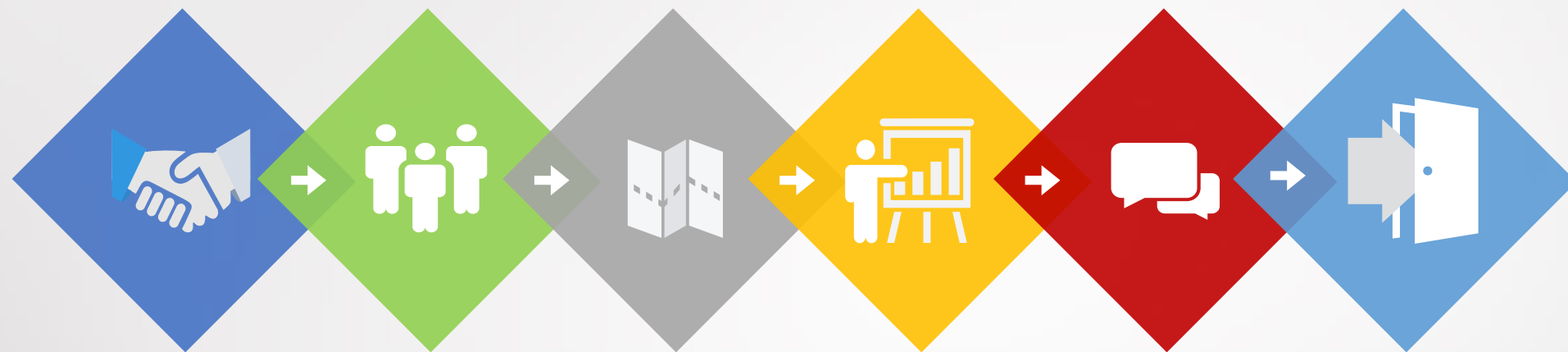
Engagement → Assessment → Service Planning and Delivery → Monitoring and Adapting → Coordination and Care Management → Transitioning

The ICPM Practice Elements

What's a Core Practice Model and Why the Big Deal?

Receiving services from different public agencies creates major obstacles and challenges for youth and caregivers and is also a barrier for providers.

Approximately 50% of families will be served by parallel or secondary systems.

More than 40% of youth will be served by at least one additional county (Out of County)

Closes the gaps in access, coordination, information sharing and service delivery.
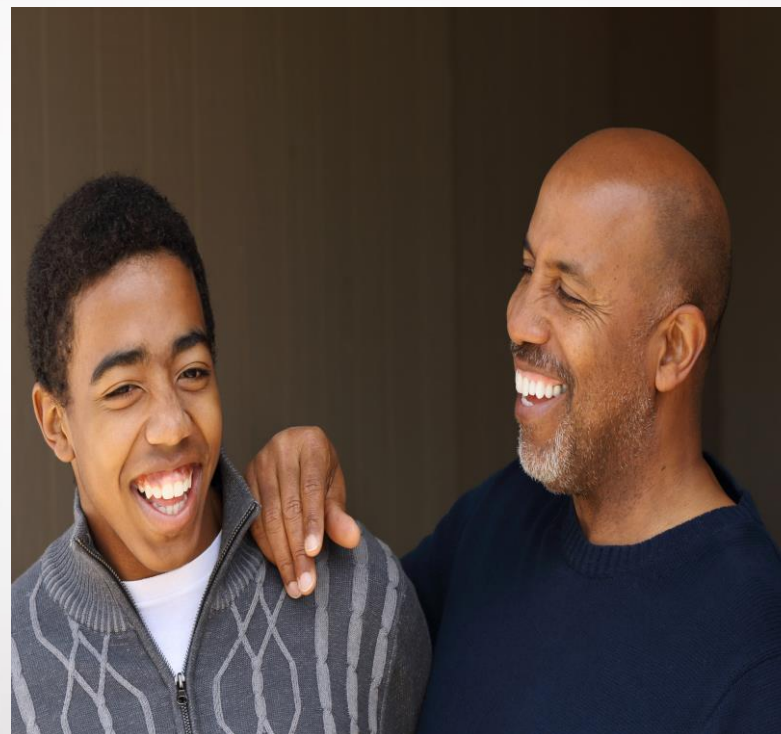
Early County Outcomes

(Riverside and Los Angeles)

- Average number of Referral Days opened reduced from 44 days to 34 days.

- Number of CFT Meetings have tripled since January 2016

- Average Number of CWS Placements per youth declined 60%

- 75% Reduction in AWOL Behavior

- Significant Improvements in Re-Offending Rates

• David's story

Training to the ICPM in the STRTP setting
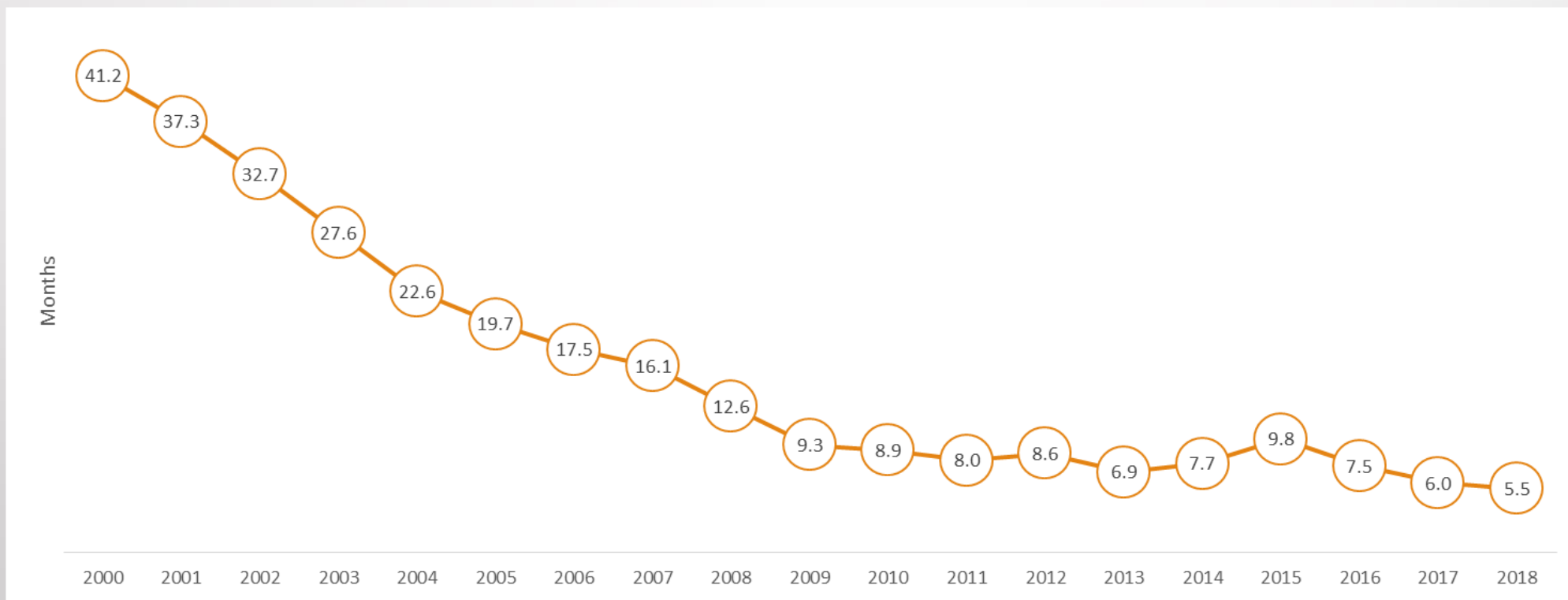
- Need

- Process

- Challenges

- Follow up

Transition Planning

- Systems and relationship
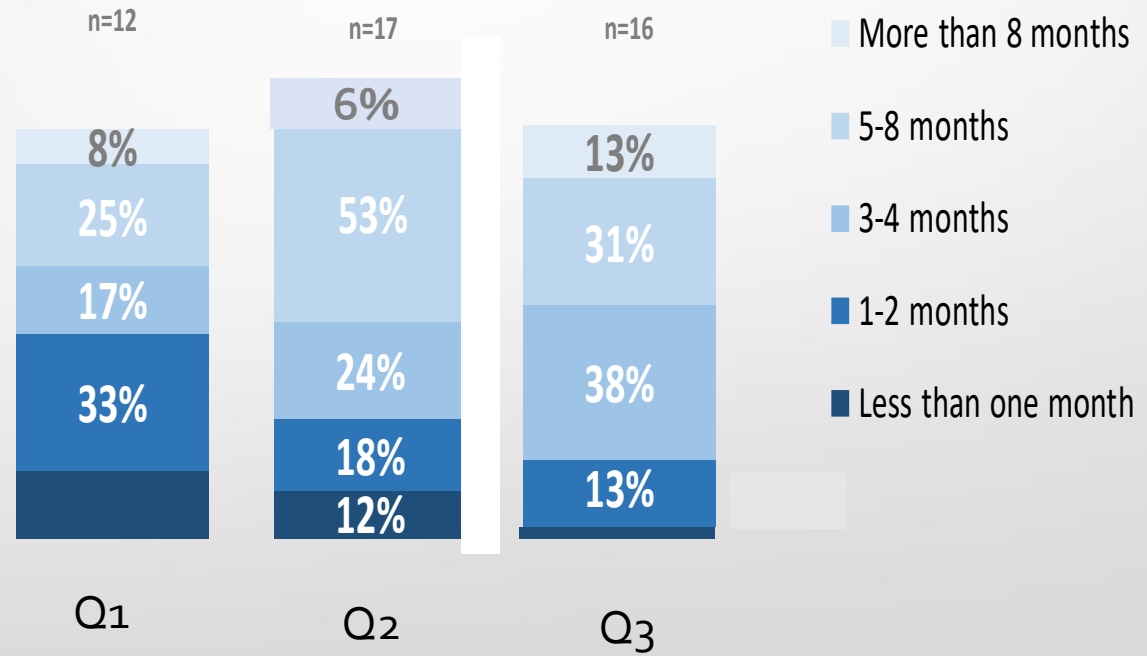 - Child and Family Teams

Average Length of Stay in residential has decreased over time

Months

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
41.2	37.3	32.7	27.6	22.6	19.7	17.5	16.1	12.6	9.3	8.9	8.0	8.6	6.9	7.7	9.8	7.5	6.0	5.5

Outcomes
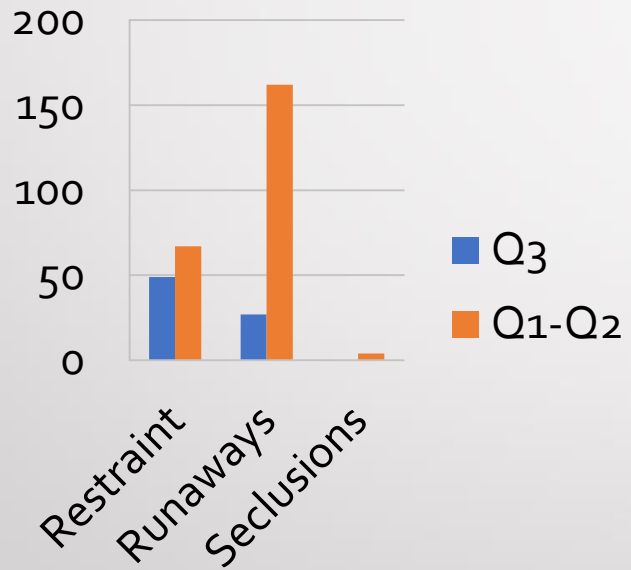
Results from 2018-19 **Personal Rights Check-In Surveys**

70% of youth surveyed discussed their placement or permanency plan

87% of youth surveyed had contact with family and friends while in residential care

What was most helpful about services received?

" **Resource linkages** "

" **Helping me go back home with my mom** "

" **Staff helping me connect with my sister** "

" **Community passes** "

Two "Mission Critical" Elements of ICPM

Engagement ⬅➡ Transition

A Deeper Dive...
Element 1:
Engagement

When families are engaged and supported to have a ***significant role*** in case planning, they are ***more motivated*** to actively commit to achieving the case plan.

...And are more likely to recognize and agree with the identified problems; perceive goals as relevant and attainable; and be satisfied with the planning and decision-making process.

How do youth inform their planning and service processes in my agency?

- Antle, Christensen, van Zyl, & Barbee, 2012; Healy, Darlington, & Yellowlees, 2011; Dawson & Berry, 2001; Jones, McGura, & Shyne, 1981.

- The range of activities, behaviors, and style of interaction with CFT members that **creates an effective working alliance for change.**

- Initial activities set the tone for teamwork and team interactions that are consistent with [positive] effective practice.

- **Engagement doesn't just happen in meetings!**

ICPM Definition: *Engagement*

ICPM Engagement Behaviors:

❑ *Listen to the child, youth, family members, and others who have responsibility to care for a child or youth and demonstrate that you care about their thoughts and experiences.*

❑ *Demonstrate an interest in connecting with the child, youth, and family to help them identify and meet all their goals across all systems from which they are receiving services.*

ICPM Engagement Behaviors

❑ *Identify and engage family members and others who are important to the child, youth, and family.*

❑ *Support and facilitate the family's capacity to advocate for themselves.*

❑ *Meet the child, youth, and family at times and in locations that are convenient for them and where they are comfortable.*

Meaningful Engagement

Is not about me persuading the family members to see issues and needs as I see them.

It is about persuading myself to see issues and needs from the family member's perspective, while *limiting risk, enhancing safety to child and/or public*.

Resistance is nearly always the sign of **an unmet need**.

Be Transparent (Trust Youth and Family with the Truth)

Are we Engaged?

1. *What does engagement mean to you as an executive/leader in California?*

2. *How do you know your staff are engaged with you?*

3. *How can I assure that my staff members are behaving in an engaged manner with youth and their kin? With County Staff?*

A Deeper Dive...
Element 6: Transition

- Sometimes oversimplified to "Discharge Planning"
- Applies to any and all moves or changes in care placement, level of care, or provider assignment.
  - Placement in a new STRTP facility
  - New Social Worker or ICC Care Coordinator
  - Placement in a different county/host county
  - Change in therapist or physician
  - Change in Foster Care placement
  - Other Changes in Care Responsibility

Handoffs

You're doing them wrong

ICPM Transition Behaviors (Enhanced)

- "When it is known that a member(s) of the CFT will change, work with the team to plan how to support the new member(s) to come up to speed quickly, understanding their role, and what has been accomplished.

- When placement or permanency plan changes are necessary, work to ensure that the CFT agrees with the plan, or, at a minimum, understands why a decision is being made; create **proactive safety and support plans to ensure successful transitions.**

- Involve the family's formal and informal support systems to prepare for life after formal care is no longer involved.

- *Make sure that any referrals for continuing care or supportive resources are in place and working **before the transition is complete.***

Planning includes a discussion about what resources will be needed for purposeful transition out of formal services. This might include a potential mix of formal and natural supports in the community.

The focus on transition is continual during the CFT process, and the preparation for transition is apparent even during the initial engagement activities.

Services are not closed until the transition plan has been implemented and all necessary connections for the future have been made.

ICPM Element 6: Transitioning

Four Elements Of Coordinated Care

1. Clear and easy access to necessary services and the providers capable of delivering those services.

2. **Good communication** and effective **care plans/transitions** between providers and care managers.

3. Effective information sharing based in client needs, not in fear of privacy or confidentiality laws.

4. A focus on the total health care needs of the Foster Youth. Clear and simple information that youth and family can understand.

Does your Transition planning process provide these?

Care Coordination Key Questions

- Has our youth's referral information been received?

- Have you received all necessary Health, Education or related records to begin care?

- Has our youth been engaged by the new service provider(s)?

- Has our youth been seen for her/his intake or first service session?

- Do you have a CFT scheduled or are you/your provider aware of current CFT schedule?

Effective _Transitions_ benefit agencies and providers

❑ Reduced cost/risk associated with crisis management

❑ Reduced time spent "fixing" effects of interrupted care

❑ Fewer Emergency Room/Inpatient Days

❑ Increased School Attendance

❑ Reduced Financial Costs to County and Provider

❑ Reduced risks associated with flight behavior (AWOL)

❑ Increased job satisfaction (Happy Staff/Less Turnover)

❑ Less Trauma for Kids and Families

Why Core Practice matters in our provider partnerships…

❖Empowers stakeholders/communities

❖Insulates from government funding shifts

❖Shares stewardship, accountability and risk

❖Increases accessibility and capacity

❖Increases cultural proficiency and sensitivity

❖Fosters independence for consumers

❖Reduces recidivism and re Entry

Questions and Reflections

Future Opportunities to Present…

➤ Skills Building Toward Post Care/Transition

➤ Individualized, Evidenced Based Therapies